

PATENT APPLICATION FEE DETERMINATION RECORD

Effective September 30, 2007

Application or Docket Number

10/585027

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 155	LARGE ENT. = \$ 310
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 105 / \$ 210
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 205 / \$ 410	All other situations = \$ 255 / \$ 510
FEE FOR EXTRA SPEC. PGS.	<u>146</u> minus 100 = <u>46</u>	<u>46</u> / 50 = <u>1</u>
TOTAL CHARGEABLE CLAIMS	<u>1</u> minus 20 = *	
INDEPENDENT CLAIMS	<u>1</u> minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	<u>150</u>
EXAM. FEE	<u>100</u>
SEARCH FEE	<u>280</u>
X \$ 130 =	<u>125</u>
X \$ 25 =	
X \$ 105 =	
+ \$ 185 =	
TOTAL	<u>575</u>

OR

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 260 =	
X \$ 50 =	
X \$ 210 =	
+ \$ 370 =	
TOTAL	

OR

OR

OR

OR

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 105 =	
+ \$ 185 =	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 210 =	
+ \$ 370 =	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 105 =	
+ \$ 185 =	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 210 =	
+ \$ 370 =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PTO-1390 (Rev. 07-2005)

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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AP20 REC'D JUN 10 28 JUN 2006

- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.
- d. ☒ Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

customer number 57277

SIGNATURE

KAREN BLOCHLINGER

NAME

41,395

REGISTRATION NUMBER

FEE VALUE	
ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
FEE	VALUE
CODE	57277
2632	50

Adjustment date: 10/30/2008 LLANDGRA
07/10/2006 ATRAN1 00000163 10585027
03 FC:2632 -250.00 OP

10/30/2008 LLANDGRA 00000002 10585027
01 FC:2642 200.00 OP

Refund Ref:
10/30/2008 0030062949

Credit Card Refund Total: \$50.00

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